

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Application Number</b></td> <td>10/527,271</td> </tr> <tr> <td><b>Filing Date</b></td> <td>March 6, 2005</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>CROSSMAN</td> </tr> <tr> <td><b>Title</b></td> <td>Treatment of Basal Ganglia-Related Movement Disorders with 2,3-Benzoxazepines</td> </tr> <tr> <td><b>Art Unit</b></td> <td>1627</td> </tr> <tr> <td><b>Examiner Name</b></td> <td>JAVANMARD, SAHAR</td> </tr> <tr> <td><b>Attorney Docket Number</b></td> <td>0206.MO.05</td> </tr> </table>	<b>Application Number</b>	10/527,271	<b>Filing Date</b>	March 6, 2005	<b>First Named Inventor</b>	CROSSMAN	<b>Title</b>	Treatment of Basal Ganglia-Related Movement Disorders with 2,3-Benzoxazepines	<b>Art Unit</b>	1627	<b>Examiner Name</b>	JAVANMARD, SAHAR	<b>Attorney Docket Number</b>	0206.MO.05
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

25871

**OR**

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I am the:

☐ Applicant/Inventor.

**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/95) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	29 April 2010
Title and Company	Telephone
Prof Alan R Crossman	0161 227 0520
Chief Executive Officer	Motac Neuroscience Limited

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ "Total of \_\_\_\_\_ forms are submitted.

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